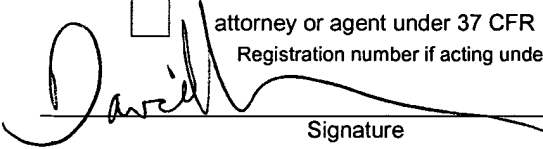


PTO/SB/22 (12-04)

Approved for use through 7/31/2006. OMB 0651-0031

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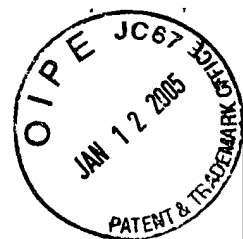
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 03331/1201982-US1	
Application Number 09/664,755-Conf. #5136		Filed September 19, 2000	
For COMMUNICATION MANAGEMENT SYSTEM FOR COMPUTER NETWORK-BASED TELEPHONES			
Art Unit 2153		Examiner D. C. Dinh	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input checked="" type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input checked="" type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0100. I have enclosed a duplicate copy of this sheet.		
I am the	<input type="checkbox"/>	applicant/inventor.	
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
	<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number 36,195	
	<input type="checkbox"/>	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34	
		January 12, 2005	
Signature		Date	
David Leason		(212) 527-7700	
Typed or printed name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of _____ forms are submitted.		

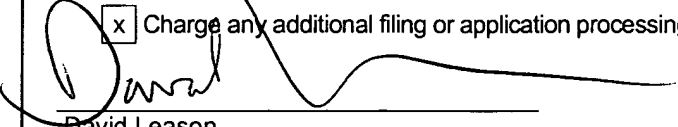
01/19/2005 LWONDIM1 00000076 09664755

01 FC:1254

1590.00 OP

Express Mail Label No.	Dated: _____
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AMENDMENT TRANSMITTAL LETTER				Docket No. 03331/1201982-US1	
Application No. 09/664,755-Conf. #5136		Filing Date September 19, 2000		Examiner D. C. Dinh	
Art Unit 2153					
Applicant(s): Mordechai Nisani et al.					
Invention: COMMUNICATION MANAGEMENT SYSTEM FOR COMPUTER NETWORK-BASED TELEPHONES					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	10	- 20 =		x	
Independent Claims	1	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within fourth month					1,590.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,590.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> A check in the amount of \$ 1,590.00 to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 David Leason Attorney Reg. No.: 36,195 DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7700				Dated: January 12, 2005	
Express Mail Label No. _____ Dated: _____					